

County: Washington
 VIRGINIA HIGHLANDS HEALTH & REHABILITATION
 W173 N10915 BERNIES WAY

Facility ID: P300

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GERMANTOWN 53022 Phone:(262) 509-3300
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/02): 121
 Total Licensed Bed Capacity (12/31/02): 121
 Number of Residents on 12/31/02: 105

Ownership:
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 105

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		45.7
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		54.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	6.7	More Than 4 Years		0.0
Day Services	No	Mental Illness (Org./Psy)	23.8	65 - 74	18.1			-----
Respite Care	No	Mental Illness (Other)	4.8	75 - 84	28.6			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	39.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	7.6	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.9		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	12.4		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	10.5	65 & Over	93.3	-----		
Transportation	No	Cerebrovascular	8.6		-----	RNs		9.0
Referral Service	No	Diabetes	1.0	Sex	%	LPNs		7.2
Other Services	No	Respiratory	5.7	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	31.4	Male	20.0	Aides, & Orderlies		
Mentally Ill	No		-----	Female	80.0			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total Resi- dents	% Of All	
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%			Per Diem (\$)
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	22	100.0	225	44	89.8	99	6	100.0	99	26	100.0	175	0	0.0	0	2	100.0	350	100	95.2
Intermediate	---	---	---	5	10.2	86	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	4.8
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	22	100.0		49	100.0		6	100.0		26	100.0		0	0.0		2	100.0		105	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							

Percent Admissions from:		Activities of		% Needing		% Totally		Total	
Private Home/No Home Health	1.5	Daily Living (ADL)	Independent	Assistance of One Or Two Staff		Dependent		Number of Residents	
Private Home/With Home Health	0.0	Bathing	1.9	57.1		41.0		105	
Other Nursing Homes	1.5	Dressing	9.5	65.7		24.8		105	
Acute Care Hospitals	96.4	Transferring	13.3	71.4		15.2		105	
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	64.8	12.4		22.9		105	
Rehabilitation Hospitals	0.0	Eating	15.2	41.0		43.8		105	
Other Locations	0.6	*****							
Total Number of Admissions	331	Continence		%	Special Treatments			%	
Percent Discharges To:		Indwelling Or External Catheter		2.9	Receiving Respiratory Care			5.7	
Private Home/No Home Health	48.0	Occ/Freq. Incontinent of Bladder		68.6	Receiving Tracheostomy Care			0.0	
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel		39.0	Receiving Suctioning			0.0	
Other Nursing Homes	2.4				Receiving Ostomy Care			1.0	
Acute Care Hospitals	26.4	Mobility			Receiving Tube Feeding			1.0	
Psych. Hosp.-MR/DD Facilities	0.6	Physically Restrained		0.0	Receiving Mechanically Altered Diets			30.5	
Rehabilitation Hospitals	0.0								
Other Locations	6.9	Skin Care			Other Resident Characteristics				
Deaths	15.6	With Pressure Sores		10.5	Have Advance Directives			94.3	
Total Number of Discharges		With Rashes		2.9	Medications				
(Including Deaths)	333				Receiving Psychoactive Drugs			68.6	

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

		This Facility	Ownership: Proprietary		Bed Size: 100-199		Licensure: Skilled		All Facilities
		%	%	Ratio	%	Ratio	%	Ratio	% Ratio
Occupancy Rate: Average Daily Census/Licensed Beds		86.8	81.9	1.06	88.6	0.98	84.2	1.03	85.1 1.02
Current Residents from In-County		38.1	83.1	0.46	85.4	0.45	85.3	0.45	76.6 0.50
Admissions from In-County, Still Residing		8.8	18.8	0.47	18.6	0.47	21.0	0.42	20.3 0.43
Admissions/Average Daily Census		315.2	182.0	1.73	203.0	1.55	153.9	2.05	133.4 2.36
Discharges/Average Daily Census		317.1	180.8	1.75	202.3	1.57	156.0	2.03	135.3 2.34
Discharges To Private Residence/Average Daily Census		152.4	69.3	2.20	76.5	1.99	56.3	2.70	56.6 2.69
Residents Receiving Skilled Care		95.2	93.0	1.02	93.5	1.02	91.6	1.04	86.3 1.10
Residents Aged 65 and Older		93.3	87.1	1.07	93.3	1.00	91.5	1.02	87.7 1.06
Title 19 (Medicaid) Funded Residents		46.7	66.2	0.70	57.0	0.82	60.8	0.77	67.5 0.69
Private Pay Funded Residents		24.8	13.9	1.78	24.7	1.00	23.4	1.06	21.0 1.18
Developmentally Disabled Residents		0.0	1.0	0.00	1.0	0.00	0.8	0.00	7.1 0.00
Mentally Ill Residents		28.6	30.2	0.95	28.5	1.00	32.8	0.87	33.3 0.86
General Medical Service Residents		31.4	23.4	1.34	28.9	1.09	23.3	1.35	20.5 1.53
Impaired ADL (Mean)		54.7	51.7	1.06	50.9	1.07	51.0	1.07	49.3 1.11
Psychological Problems		68.6	52.9	1.30	52.9	1.30	53.9	1.27	54.0 1.27
Nursing Care Required (Mean)		6.4	7.2	0.89	6.8	0.95	7.2	0.89	7.2 0.89